



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

RECEIVED

JUL 01 2008

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

| | |
|---------------------------------------------------------------------------|---------------------|
| \$50 fee OK-EG 7/8/08 Yakima | |
| FOR OFFICE USE ONLY | |
| CHANGE No. <u>CS4-02398 CTCL 034</u> | WRIA <u>37</u> |
| DATE ACCEPTED <u>11/17/08</u> | BY <u>S</u> |
| FEE \$ <u>100.00</u> | REC'D <u>7/1/08</u> |
| CHECK No. <u>49842 1072</u> | |
| ECY Coding: 001-002-WR10285-000011 | |
| SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt | |

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

| | | |
|------------------------------------------------------|-----------------------------|---------------------------|
| APPLICANT/BUSINESS NAME Catholic Bishop of Yakima | PHONE NO. (509) 965-7117 | FAX NO. (509) 966-8334 |
| ADDRESS 5301 Tieton Drive Suite A | | |
| CITY Yakima | STATE WA | ZIP CODE 98908-3479 |

| | | |
|----------------------------------------|------------------|----------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO. () | FAX NO. () |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |

2. Water Right Information:

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| WATER RIGHT OR CLAIM NUMBER Aquavella 2398 | RECORDED NAME(S) |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

CS402398 CTCL 034

| | | | |
|--------------------------------------------------------------------|-----------------------------------|-----------------------------|---------------------|
| FOR OFFICE USE ONLY | | | |
| APP. NO. <u>COVER CLM 02398</u> | PERMIT NO. <u>SUB 23 ADDITION</u> | CERT. NO. <u>06-09-1852</u> | CERT. OF CHANGE NO. |
| <u>POPE 410</u> <u>.18 cfs</u> <u>30.22 cfs</u> <u>17.57 acres</u> | | | |

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------------|-----|---|---|------|------|------|------------------|------------|
| Ahtanum Creek | 1 | | | 13 | 12 | 16 | Gov Lots 3 and 4 | |
| | | | | | | | | |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|----------------|-----|----|----|------|------|------|----------|------------|
| Bachelor Creek | 1 | SW | NE | 13 | 12 | 16 | 13003 | |
| Bachelor Creek | | SE | NE | 13 | 12 | 16 | 14001 | |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| Irrigation | .18 | 30.22 | April – July |
| Irrigation | 0.12 | 19.95 | April – July |
| | | | |
| | | | |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| Same | | | |
| | | | |
| | | | |
| | | | |

5. Place of Use:

A. Existing

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
| See attached | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | | | | | | |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |

B. Proposed

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: | | | | | | | |
| Same | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | | | | | | |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

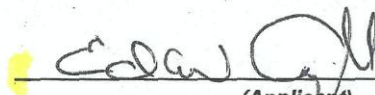


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|---------------------------------------------------------------------------------|
| See Supplemental Report of the Court – Volume 48A – Part II |
| Copies attached hereto |
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| |
| |
| IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____ |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

| | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|  (Applicant) | <u>06/27/08</u> (Date) |
|  (Water Right Holder) | <u>06/27/08</u> (Date) |
|  (Land Owner(s) of Existing Place of Use) | <u>06/27/08</u> (Date) |

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____